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**To:** BHSOAC Public Comment <publiccomment@bhsoac.ca.gov>

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**Subject:** Public Comment – Strategic Plan Advisory Committee – February 26, 2026

Good afternoon,

Please find my written public comment below for the Behavioral Health Services Oversight and Accountability Commission Strategic Plan Advisory Committee meeting scheduled for February 26, 2026.

Thank you for the opportunity to submit written comment and for your continued work advancing a population behavioral health approach in California.

Respectfully,  
Kevin Eric Dredge

Written Public Comment – February 26, 2026

Behavioral Health Oversight and Accountability Commission

Good afternoon Commissioners and staff,

Thank you for the opportunity to provide written public comment as you continue advancing California's Population Behavioral Health framework and long-term strategic planning.

I want to acknowledge an important shift reflected in your recent materials: the growing recognition that behavioral health outcomes are not determined by clinical access alone, but by community connection, engagement, and continuity of support before crisis occurs. This reframing matters.

The Population Behavioral Health approach — particularly the forthcoming Cohort 3 and Equity measures focused on engagement in school, engagement in work, quality of life, and social connection — reflects outcomes that communities themselves help generate, not just systems of care. As California moves toward more structured performance and accountability models in school and community settings, it will be important that these measures remain grounded in lived experience and local context.

From my experience working in community-based mental health, peer support, youth mentorship, and service organizations, I have seen both sides of this equation. I've seen what happens when people fall through the cracks — and I've seen what happens when they don't.

What makes the current moment significant is that many of these measures are still being developed. This creates a design window — an opportunity to intentionally align statewide goals with on-the-ground community infrastructure that already supports connection, belonging, and early intervention.

One example of this infrastructure is volunteer-driven, community-based service organizations operating in partnership with local stakeholders. Hybrid and specialty models — combining virtual coordination with visible, in-person service — allow communities to respond flexibly, reduce barriers to participation, and strengthen social connection across age groups, including youth, families, veterans, and older adults.

As you continue refining the Strategic Plan and Equity measures, I encourage the Commission to:

- Recognize community-based, non-clinical service ecosystems as contributors to population behavioral health outcomes
- Ensure future measures allow for meaningful participation by community partners operating outside traditional treatment settings
- Preserve flexibility so local solutions can emerge organically while remaining aligned with statewide goals

California's behavioral health future will not be built by clinics alone. It will be built by systems that keep people connected — before crisis, not after.

Thank you for your leadership, transparency, and continued commitment to improving behavioral health outcomes across California.

Respectfully submitted,  
Kevin Eric Dredge  
Mental Health Advocate | Community Service Leader  
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